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OCT 1: 1 2006 Attorney Docket No.: 0140111

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Alawani, et al.				
SERIAL NO.: 10/623,243 FILED: 7/17/2003				
FOR: Overmolded MCM with Increased Surface Mount Component Reliability				
HONORABLE COMMISSIONER FOR PATENTS P.O. Box 1450, Alexandria, VA 22313-1450				
Sir/Madam:				
Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.				
☐ No additional fee is required.				
☐ The fee has been calculated as shown below:				
☑ EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE	
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$	
SECOND MONTH AFTER TIME PERIOD SET 450.00 225.00 \$450.00				
THIRD MONTH AFTER TIME PERIOD SET 1,020.00 \$10.00 \$				
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$	

Ճ TOTAL EXTENSION FEE \$ 450.00

FEE FOR EXTRA CLAIMS added by Amendment in this response:

,	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS		MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT		MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	· + 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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	Total fee for Supplemental Information Disclosure Statement \$			
À				
×	Enclosed is the total fee of \$ 450.00 (Payment by Credit Card, Form PTO-2038 Enclosed).			
	Please charge Deposit Account I	No. 50-0731 in the amount of \$		
☒	The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.			
Date: _	10/11/06	By: Michael Farjami, Reg. No. 38,135		
Farjami 26522 L Mission Telephor	Farjami, Esq. & Farjami LLP a Alameda Ave., Suite 360 Viejo, CA 92691 ne: (949) 282-1000 e: (949) 282-1002	CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful. Date Christma Cayter Name of Person Performing Facsimile Transmission		
	•	CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:		
		Date		
		Signature		
		Typed or Printed Name of Person Mailing Paper and/or Fee		

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FOURTH MONTH AFTER TIME PERIOD SET	1.590.00	795.00	\$		

☑ TOTAL EXTENSION FEE \$ 450.00

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First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
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	Please charge Deposit Account l	No. 50-0731 in the amount of \$		
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Date:	10/11/06	By: Michael Farjami, Reg. No. 38,135		
Farjami & 26522 La Mission Telephon	Farjami, Esq. & Farjami LLP 1 Alameda Ave., Suite 360 Viejo, CA 92691 e: (949) 282-1000 e: (949) 282-1002	CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful. Date Christian Cayter Name of Person Performing Facsimile Transmission		
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		Date		
		Signature		
	•	Typed or Printed Name of Person Mailing Paper and/or Fee		